|   | PATENT   | RE  | 2                              | 1080                                 | <b>B</b> s       | 35               | <b>.</b> |  |  |      |                    |                        |  |
|---|--|---|--------------------------------|--------------------------------------|------------------|------------------|----------|--|--|------|--------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                      |  |   |                                |                                      |                  |                  |          | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |  |      |                    |                        |  |
| T   | DTAL CLAIMS                                    | 5 .   | 26                             |                                      |                  |                  |          | RATE   | FEE  | ٦    | RATE               | FEE.                   |  |
| F   | OR .   |   | NUMBER FILED                   |                                      | NUMBER EXTRA     |                  |          | BASIC FI                                     | 385.00   | OR   | BASIC FEE          | 770.00                 |  |
| Tr  | OTAL CHARGE                                    | ABLE CLAIMS   | .26 minus 20=                  |                                      | . 6              |                  |          | XS 9=  | <b>†</b>   | OR   | XS18=              | 100                    |  |
| INI   | DEPENDENT C                                    | LAIMS   | 6 minus 3 =                    |                                      | • 3              |                  |          | X43e   | +  | ┪┈   | Vec                | 75                     |  |
| MI  | JLTIPLE OEPE                                   | NDENT CLAIM P   | RESENT                         |                                      |                  |                  |          |  | +  | -IOR |                    | XX)                    |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2            |  |   |                                |                                      |                  |                  |          | +145=  | -  | JOR  |                    | ·<br>//2/              |  |
| •   |  |   |                                |                                      |                  |                  |          |  | · L  | JOR  | TOTAL              | 11.26                  |  |
| 815-05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                 |  |   |                                |                                      |                  |                  |          | SMALL  | .ENTITY  | OR   | SMALL              |                        |  |
| ENTA  |  | CLAIMS REMAINING AFTER AMENDMENT                                    |                                | HIGHE<br>NUME<br>PREVIO<br>PAID F    | IER<br>USLY      | PRESENT<br>EXTRA |          | RATE   | ADDI-<br>TIONAL<br>FEE                           |      | RATE               | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT   | Total  | . 26  | Minus                          | - 21                                 | c                | - /              |          | X\$ 9=                                       | 1  | OR   | X\$18#             |                        |  |
| AME   | independent                                    | · 6   | Minus                          | - 7                                  | <u> </u>         | · /              | 1        | X43=   | 1./  | OR   | X86-               |                        |  |
|   | FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                                      |                  |                  |          | +145=  | 17   | OR   | +290=              |                        |  |
| 1,17,22,23,24,25;,<br>1/19/06 (Column 1) (Column 2) (Column 3)                      |  |   |                                |                                      |                  |                  | L        | TOTAL  | <del>                                     </del> | OR   | TOTAL              |                        |  |
| •   | 7//9/0 (Column 1) (Column 2) (Column 3         |   |                                |                                      |                  |                  |          | ODIT. FEE                                    | <u> </u>   |      | ADDIT. FEE!        |                        |  |
| MENDMENT B  |  | CLAMS REMAINING AFTER AMENDMENT                                     |                                | HIGHE<br>NUMB<br>PREVIOU<br>PAID F   | ST<br>EA<br>USLY | PRESENT<br>EXTRA |          | RATE   | ADDI-<br>TIONAL<br>FEE                           |      | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 24  | Minus                          | -2                                   | 4                | • , :            | Γ        | X\$ 9=                                       |  | OR   | X\$18= .           |                        |  |
|   | Independent                                    | م) •  | Minus                          |                                      | 6                | • / .            | ľ        | X43=   | 7  | OR   | X86=               | _/_                    |  |
|   | TING! PRESE                                    | NTATION OF MU   | LIPLE DE                       | PENUENT                              | JAIM             | احاطب            | ſ        | +145=  |  | OR   | +290=              | 7.                     |  |
|   |  |   |                                |                                      |                  |                  | A        | TOTAL  |  | OR,  | YOTAL<br>ODIT, FEE |                        |  |
|   |  | (Column 1)  | (Cotumn 3)                     |                                      |                  | •.               |          | •  | •  |      |                    |                        |  |
|   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                           | •                              | HIGHE<br>NUMBI<br>PREVIOU<br>PAID FO | ER<br>ISLY       | PRESENT<br>EXTRA |          | RATE   | ADDI:<br>TIONAL<br>FEE                           |      | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus                          | •                                    |                  | •                | Γ        | X\$ 9=                                       |  | OR   | X\$18=             |                        |  |
|   |  |   | Minus                          | ***                                  |                  | •                | H        | X43=   |  | .    | X86=               |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                                      |                  |                  |          |  |  | OR   |                    |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write V in column 3. |  |   |                                |                                      |                  |                  |          |  |  |      |                    |                        |  |
| -41   | the "Highest Nun<br>the "Highest Nun           | riber Previously Pai<br>riber Previously Pai<br>ber Previously Paid | s For IN THIS<br>a For IN THIS | S SPACE IS IN<br>S SPACE IS I        | ess than         | 20, enter "20."  |          | TOTAL<br>DIT. FEE                            | rogriste box                                     |      | DOIT. FEE          | <u>.</u>               |  |

Application or Docket Number